



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING



MARIANNE UDOW
DIRECTOR

RE: CHILD WELFARE LICENSING APPLICATION – CHILD PLACING AGENCY
LICENSE

Dear Applicant:

The following is information regarding application for the above referenced facility type.

Instructions and additional materials assist you in completing the application.

Please return all of the completed and required application materials with a check or money order (which is non-refundable) payable to the "State of Michigan" for the appropriate license application fee to:

Michigan Department of Human Services
Cashier's Office
P.O. Box 30759
Lansing, MI 48909-8150

For additional information, please contact the Licensing Unit at (517) 241-2488 or toll free 866-685-0006 or Fax at (517) 241-1680.

Thank you.

Enclosure

Child Placing Agency Licensing Process Explanation Sheet

RULES AND PROCEDURES

Become familiar with the administrative rules for child placing agencies and the following procedures in order to assist you in the licensing process.

ORIENTATION

If you have not attended an orientation session, contact the area manager closest to you to discuss the requirements and licensing process (Deborah Clark – U.P. and Northern Michigan at 906-786-3802; Jackie Horton – middle Michigan and thumb area at 989-758-1754; Andrew McKellar – Flint and Mid-Michigan at 810-760-2598; Greg Corrigan – Southwest Michigan at 269-337-5066 or Linda Lee – Southeast Michigan at 734-665-4740). In signing the application you agree to operate in compliance with the Act and Rules. You will want an opportunity to gain a clear understanding of the total process.

APPLICATION

A license is to a specific person or organization to provide specific services, at a specific location, is non-transferable, and remains the property of the Department.

Complete and submit an application (OCAL-3502).

Submit your check or money order (**no cash**) to the address shown. This is a non-refundable fee. Not required for DHS agencies.

Complete and submit Licensing Record Clearance Request (OCAL-1326). This form is required for the chief administrator of the organization. Please read both sides of the form before signing.

PROGRAM STATEMENT, POLICIES, PROCEDURES, RECORDS

The consultant assigned to your agency will make an on-site inspection during the licensing process.

The consultant assigned will:

- Evaluate the application and other required application materials.
- Interview appropriate staff.
- Review written policies and procedures for all services to be provided.
- Review records and record keeping systems.
- Evaluate compliance with all child placing agency administrative rules.

LICENSING STUDY REPORT

When all necessary materials and documents have been submitted and reviewed, any necessary corrections made, and the consultant has made an on-site visit, a determination will be made with regards to licensure.

You will receive a letter stating the licensing action taken and a copy of the Licensing Study Report.

If a license is issued, you will receive notification from the Department of Human Services, Division of Child Welfare Licensing, telling you when you may begin providing the services authorized.

If the license application is denied, you have the right to appeal the decision in accordance with Act 116, Public Acts 1973, as amended, Section 12.

TIME FRAMES

The amount of time required in issuing a license will depend upon completion of:

- Licensing record clearances.
- Consultant's on-site inspection.
- Completion of work required.
- Achievement of compliance with the licensing statute and the administrative rules.
- Notification from the Department indicating the licensing decision.

Licensing Fee Explanation

<u>Application Type</u>	<u>Fee For Original Application</u>	<u>Fee For Renewal Application</u>
Child Placing Agencies		
Placement Only		
1 – 24	\$25	\$35
25 – 50	\$25	\$40
51 – 100	\$25	\$45
101 – 200	\$25	\$50
201 +	\$25	\$55
Placement & Foster Home Certification		
1 – 24	\$50	\$60
25 – 50	\$50	\$65
51 – 100	\$50	\$70
101 – 200	\$50	\$75
201 +	\$50	\$80

Enclosures:

OCAL-3502 – Child Placing Agency Application

OCAL-1326 – Licensing Clearance Request

PUB-14 – Act 116 of the Public Acts of 1973 as amended

PUB-11 – Licensing Rules for Child Placing Agencies

UNLESS OTHERWISE INDICATED, RETURN ALL OF THE ITEMS LISTED TO THE LICENSING UNIT AS A COMPLETE PACKAGE. ALL ITEMS MUST BE FILLED OUT AND RETURNED TOGETHER IN THE SAME ENVELOPE

INSTRUCTIONS FOR COMPLETING APPLICATION FOR CHILD PLACING AGENCY

FACILITY INFORMATION

1. Enter name of agency as it is to appear on the license or certificate of approval.
- 2 – 13. Enter appropriate information for the institution.

APPLICANT ORGANIZATION INFORMATION

14. Enter legal name under which the agency is incorporated, or the governmental unit, person, or partnership legally responsible.
- 15 – 22. Enter the appropriate information for the applicant.
23. Indicate destination where official licensing mail is to be directed.
24. Indicate if the auspice is governmental or non-governmental.
25. Check appropriate box.

TERMS INFORMATION

26. Indicate which functions of a child placing agency the agency is seeking authorization to provide and the number of cases for each.
27. Check the appropriate box.

APPLICATION DECLARATION STATEMENT INFORMATION

28. Signature of individual authorized to make application on behalf of the Application Organization.
29. Enter title of person signing the application.
30. Date signed.
- 31 – 34. Enter the appropriate information for the person signing the application.

PERSONS AUTHORIZED TO SIGN THE APPLICATION

- a. Non –governmental auspices
 - Board president's signature where there is a board
 - Signature of agency owner where there is not a board
- b. Governmental auspices
 - Community Mental Health
 - Department of Human Services
 - Department of Community Health
 - Board Chairperson's signature
 - Local Director's signature
 - Local Agency Director's signature

CHILD PLACING AGENCY APPLICATION

Michigan Department of Human Services
(Follow Instructions on back of Application)

FOR DHS USE ONLY:

License Number

Paid Amount

Cashier

OCAL USE ONLY

Application is:

☐ Original

☐ Renewal

☐ Change

AGENCY INFORMATION

1. Agency Name	2. Federal Identification #:	
3. Chief Administrator's Name		
4. Address (Street Number, Name, Suite, etc.) Required		
5. City	6. State	7. Zip Code
8. Mailing Address (if different from street address) P.O. Box	9. P.O. Box Zip Code	
10. Telephone Number ()	11. County	
12. Email Address	13 Web Address	

APPLICANT ORGANIZATION INFORMATION

14. Legal Name of Organization		
15. Applicant Organization Representative		
15. Address (Street Number, Name, Suite, etc.)		
16. City	17. State	18. Zip Code
19. Mailing Address (if different from street address) P.O. Box	20. P.O. Box Zip Code	
21. Telephone Number ()	22. Direct Mail To <input type="checkbox"/> Organization <input type="checkbox"/> Facility	
24. Auspice Type <input type="checkbox"/> Non-governmental <input type="checkbox"/> Governmental		
25. <input type="checkbox"/> Profit <input type="checkbox"/> Non-profit	<input type="checkbox"/> County <input type="checkbox"/> Federal	<input type="checkbox"/> State <input type="checkbox"/> Local

TERMS INFORMATION

26. Terms Applied For		
<input type="checkbox"/> Authorized to certify foster homes for licensure	Number of foster homes currently certified	_____
<input type="checkbox"/> Authorized to receive children for placement in licensed foster homes.....	Number of children currently in foster care	_____
<input type="checkbox"/> Authorized to supervise independent living placements.....	Number of youth in independent living	_____
<input type="checkbox"/> Authorized to evaluate applicants for adoption	Number of adoption evaluations in the last year	_____
<input type="checkbox"/> Authorized to place and supervise children with adoptive parents.....	Number of children supervised in the last year	_____
TOTAL CAPACITY		→ <input type="text"/>
26. Have any staff been convicted of an offense for other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No		

APPLICATION DECLARATION STATEMENT

<ul style="list-style-type: none">I have read Act 116, P.A., P.A. 1973, as amended, and the Administrative Rules regulating the operation of the child placing agency indicated above and, if granted a license or certificate of approval, will endeavor to comply with the Act and these rules.In order to permit a proper determination of conformity with the rules, I give permission to the Department of Human Services to make a necessary and reasonable investigation of my activities and proposed standards of care and to make an on-site evaluation of the proposed facility as described in Act 116. The investigation may include the securing of statements from references I submit, as well as from others who may make judgements as to my ability to comply with the rules.I hereby certify that any information I give in respect to this application and investigation will be, to the best of my ability, true and correct.			
28. Authorized Signature	29. Title	30. Date	
31. Address (Street Number and Name)	32. City	33. State	34. Zip Code

AUTHORITY: Public Act 116 of 1973, as amended.
COMPLETION: Is required.
PENALTY: Applicant cannot be licensed.

The Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.

LICENSING RECORD CLEARANCE REQUEST

There are three purposes to this form:

1. Produce a Department of State Police check regarding the possible existence of a conviction record.
2. Produce a Department of Human Services Central Files check regarding the possible existence of a substantiated child abuse or neglect record. **(For Child Day Care and Child Welfare Divisions Only)**
3. Produce a Central Files check against current or previous licensee status of the applicant in any county of the state.

The existence of a conviction record or a substantiated child abuse or neglect record does not necessarily disqualify an applicant for licensure. However, it does provide the Agency with information, which will be carefully evaluated by licensing staff.

A failure on the part of an applicant to provide OCAL with the information and authorization requested on this form may be sufficient cause to deny issuance of a license.

AUTHORITY:	Public Act 116 of 1973 as amended and Public Act 218 of 1979 as amended	Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
COMPLETION	Required	
CONSEQUENCE:	Licensure may be denied.	

**LICENSING RECORD CLEARANCE REQUEST
STATE OF MICHIGAN**

Department of Human Services
Office of Children and Adult Licensing

DIRECTIONS FOR COMPLETING FORM:

- **Please read the reverse side before completing this form.**
- **Please type or print CLEARLY so that the information completed can be read.**
- **Mail completed form to OCAL Central office.**

SECTION I: REQUESTOR INFORMATION (Must be completed by licensing consultant/worker)

Licensing Consultant/Worker Name, Address and Phone Number <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">Department of Human Services Office of Children and Adult Licensing 7109 W. Saginaw, 2nd Fl. P.O. Box 30650 Lansing, MI 48909</div>		
LICENSEE/APPLICANT NAME	County	LICENSE NUMBER (If assigned)
LICENSE/APPLICATION TYPE <input type="checkbox"/> Child Foster <input type="checkbox"/> Adoption <input type="checkbox"/> Adult Foster Care <input type="checkbox"/> Family/Group Child Care Home <input type="checkbox"/> Child Care Center <input checked="" type="checkbox"/> Institution/Agency <input type="checkbox"/> Camp		

SECTION II: CLEARANCE INFORMATION (To be completed by applicant or other person to be cleared – If more than one person is named on the application, each is to complete a OCAL-1326)

THE PERSON BEING CLEARED IS: <input type="checkbox"/> Adult Member of Household (specify relationship to licensee): <input type="checkbox"/> Applicant <input type="checkbox"/> Licensee <input type="checkbox"/> Administrator <input type="checkbox"/> Responsible Person (In charge of daily operations) <input type="checkbox"/> Director/Program Director								
NAME (Last, First, Middle Jr., II, etc.)				SEX	BIRTH DATE		SOCIAL SECURITY NUMBER	
MARITAL STATUS <input type="checkbox"/> SGL <input type="checkbox"/> MAR <input type="checkbox"/> DIV		ALSO KNOWN AS (Aliases, Maiden Name, Previous Married Name(s))				MICHIGAN DRIVERS LICENSE NUMBER		
ADDRESS (Street Number and Name)					HOW LONG HAVE YOU LIVED IN THIS STATE? COUNTY?		RACE	
CITY	COUNTY	STATE	ZIP CODE	PHONE NUMBER	HEIGHT		WEIGHT	
<ul style="list-style-type: none">• I am aware that Michigan Department of State Police records will be checked for information regarding criminal convictions under authority of the Good Moral Character Statute.• I am aware that the Department of Human Services Central Registry will be checked for information concerning substantiated child abuse and neglect.• I certify that the information I have given on the form is, to the best of my ability, true and correct.• The Department may perform this check at any time while I am licensed.								
HAVE YOU EVER BEEN CONVICTED OF A CRIME, FELONY OR MISDEMEANOR? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, explain) Type, Location, and Date of Conviction(s)								
SIGNATURE OF PERSON TO BE CLEARED							DATE	

SECTION III: CENTRAL RECORDS CLEARANCE (OCAL Use Only)	SECTION IV: CONVICTION CLEARANCE
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PREVIOUS LICENSE? <input type="checkbox"/> NO <input type="checkbox"/> YES	INITIALS	CLEARANCE DATE	
IS PROTECTIVE SERVICES INFORMATION ON DHS? <input type="checkbox"/> NO <input type="checkbox"/> YES		LICENSE NUMBER	

**LICENSING RECORD CLEARANCE REQUEST
STATE OF MICHIGAN**

Department of Human Services
Office of Children and Adult Licensing

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SECTION I: REQUESTOR INFORMATION (Must be completed by licensing consultant/worker)

Licensing Consultant/Worker Name, Address and Phone Number <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;">Department of Human Services Office of Children and Adult Licensing 7109 W. Saginaw, 2nd Fl. P.O. Box 30650 Lansing, MI 48909</div>		
LICENSEE/APPLICANT NAME	County	LICENSE NUMBER (If assigned)
LICENSE/APPLICATION TYPE <input type="checkbox"/> Child Foster <input type="checkbox"/> Adoption <input type="checkbox"/> Adult Foster Care <input type="checkbox"/> Family/Group Child Care Home <input type="checkbox"/> Child Care Center <input checked="" type="checkbox"/> Institution/Agency <input type="checkbox"/> Camp		

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NAME (Last, First, Middle Jr., II, etc.)				SEX	BIRTH DATE		SOCIAL SECURITY NUMBER	
MARITAL STATUS <input type="checkbox"/> SGL <input type="checkbox"/> MAR <input type="checkbox"/> DIV		ALSO KNOWN AS (Aliases, Maiden Name, Previous Married Name(s))				MICHIGAN DRIVERS LICENSE NUMBER		
ADDRESS (Street Number and Name)					HOW LONG HAVE YOU LIVED IN THIS STATE? COUNTY?		RACE	
CITY	COUNTY	STATE	ZIP CODE	PHONE NUMBER	HEIGHT		WEIGHT	
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PREVIOUS LICENSE? <input type="checkbox"/> NO <input type="checkbox"/> YES	INITIALS	CLEARANCE DATE	
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